

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42402
10592

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY City b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis c. LENGTH OF STAY (in this place) 4 1/2 mos. d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco R. R. Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3488 d. STREET ADDRESS (If rural, give location) 301 W. Armour Blvd. 1			
3. NAME OF DECEASED (Type or Print) a. (First) C. H. d. e b. (Middle) c. (Last) Hunter				4. DATE OF DEATH (Month) (Day) (Year) Dec 11-1950			
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 22, 1889	
9. AGE (In years last birthday) 61		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor				10b. KIND OF BUSINESS OR INDUSTRY Frisco R. R.			
11. BIRTHPLACE (State or foreign country) Mountainside, Mo.				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME George Hunter				13b. MOTHER'S MAIDEN NAME Effie Gonser			
14. NAME OF HUSBAND OR WIFE Ethel S. Hunter				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. 702-03-5697				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel S. Hunter, 301 W. Armour Kan. City			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death or related to the disease or condition causing death. Bad Mountain to live				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION 27 Jan 1951				19b. MAJOR FINDINGS OF OPERATION Metastatic Carcinoma of the liver			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE None				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)				21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 163X			
22. I hereby certify that I attended the deceased from January 17, 1950, to Dec 11, 1950, that I last saw the deceased alive on Dec 11, 1950 and that death occurred at 10:11 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Samuel W. Hirsch M.D.				23b. ADDRESS 4460 Lechade			
23c. DATE SIGNED 11 Dec 1950							
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal				24b. DATE Dec. 11, 1950			
24c. NAME OF CEMETERY OR CREMATORY Engelwood Cemetery				24d. LOCATION (City, town, or county) (State) Clinton Mo.			
DATE REC'D BY LOCAL REG. 12 1950				REGISTRAR'S SIGNATURE J. B. Porter			
25. FUNERAL DIRECTOR'S SIGNATURE				ADDRESS 6175 Delmar Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 29 1957

FEB 27 1957

16592

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Jos E McCulloch
Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.